

Division of Consolidated Laboratory Services Internship Application: Summer 2022

Complete the following application information. Provide the email address where you wish to receive communications from DCLS about the Internship program.

Date: _____

Name: _____

Date of Birth: _____

Permanent address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: (____) _____ **Email address:** _____

Country of Citizenship _____

College or University: _____

☐ **Currently attending – expected graduation date:** _____

☐ **Recently graduated – date:** _____

Degree program: _____

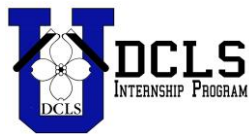
☐ **Undergraduate - current year:** _____ **Cumulative undergraduate GPA:** _____

☐ **Graduate - cumulative graduate GPA:** _____

Possible internship project areas at DCLS are below. Please select your top three interests.

***Note that work in certain areas may require a Bachelor's degree due to accreditation requirements**

- | | |
|--|--|
| <input type="checkbox"/> Laboratory Administration | <input type="checkbox"/> Infectious Disease Pathogen Detection |
| <input type="checkbox"/> Clinical Microbiology | <input type="checkbox"/> Informatics |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Genomic Epidemiology |
| <input type="checkbox"/> Environmental Microbiology and/or Chemistry | <input type="checkbox"/> Pathogen Genomic Sequencing |
| <input type="checkbox"/> Food Microbiology/Food Safety | <input type="checkbox"/> Newborn Screening |
| <input type="checkbox"/> Immunology/Virology | <input type="checkbox"/> Quality Assurance/Safety/Auditing |
| | <input type="checkbox"/> Training/Communications/Media/Lab |



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Answer the following questions:

1. *Specifically describe any **relevant laboratory experiences or trainings** you have participated in that would benefit your performance during this internship (i.e. laboratory rotations, field work, or specialized trainings).*

2. *Provide a description of any independent undergraduate or graduate research projects that you have conducted or assisted with. Include the duration of the work, the intent and outcomes from the project.*

3. *Describe your experience working in a team environment; this is not limited to laboratory science. Please describe work assigned to the team and how you specifically contributed to meet work objectives.*



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4. Describe how an internship at DCLS will help to advance your career goals.

5. If you could make a significant contribution to any area of Public Health, what would it be, who would it benefit, and why would this be your choice?

6. There are many exceptional candidates applying for this internship. In 150 words or less, tell us why we should select you.



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Application Packet Checklist

☐ **DCLS Internship Application**

☐ **Current resume or CV**

☐ **Academic transcript(s)** (may be received separately from the institution)

☐ **DCLS Internship Reference form** (may be received separately from the reference)

Submit completed application packet ON OR BEFORE February 13, 2022 to:

Division of Consolidated Laboratory Services

Attn: Internship Committee

600 North 5th Street,

Richmond, VA 23219

OR

Email: DCLSinternship@dgs.virginia.gov

Applications emailed or postmarked after February 13, 2022 WILL NOT BE CONSIDERED.

Applicant Name: _____